HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission) STATE REPRESENTATIVE			
SAY, CALVIN K.Y.				

TERM OF OFFICE (Begin/End):

2002 / 2004

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more

received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	HOUSE OF REPRESENTATIVES STATE CAPITOL, ROOM 431 HONOLULU, HI 96813	D	LEGISLATOR
F	KOTAKE SHOKAI, LTD. 1812 KALANI STREET HONOLULU, HI 96819	С	PRESIDENT
F	TOKYO BENTO NICHIYO 2859 PAA STREET, 2nd FLOOR HONOLULU, HI 96818	С	SECRETARY
SP	LANAKILA SCHOOL 717 NORTH SCHOOL STREET HONOLULU, HI 96817	Е	TEACHER

]Check here if entry is None

[√]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
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[\sqrt{]Check here if entry is None

[]Check here if additional sheets are attached

ADDENDUM TO ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

CITY BANK
102 MERCHANT STREET

AMOUNT
D

HONOLULU, HI 96813

OUNT SERVICES RENDERED
MEMBER OF BOARD OF
DIRECTORS

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT

OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE TRANSFER

DATE OF TRANSFER

ITEM 4: CREDITORS

[]Check here if additional sheets are attached

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	BANK OF HAWAII	F	G
	ck here if entry is None]Check here if addition	

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION	
F	CITY BANK 201 MERCHANT STREET HONOLULU, HI 96813	BOARD OF DIRECTORS	1999-Present	D	
F	TOKYO BENTO	SECRETARY	2001-Present	С	
[]Che	[]Check here if entry is None []Check here if additional sheets are attached				

[]Check here if entry is None

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	1822 10th AVENUE HONOLULU, HI 96816	1-13-3-38-23	H

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
[√]Chec	ck here if entry is None	[]Check here if a	dditional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
[V]Check h	l nere if entry is None	[]Check here if a	dditional sheets are attached

FORM D-201

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for	a fee or compensation
during the disclosure period, excluding clients represented before courts.	

NAME OF STATE AGENCY

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ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
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			10 AIO :47	RECEIVED
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CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Calinky Any

5/5/04

[]Check here if additional sheets are attached

DATE

N]Check here if entry is None

NAME OF CLIENT